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ABSTRACT

Nursing educators have the opportunity to advance nursing's agenda for health care reform to ensure effective health care for all members of society. They have a key role in fostering the political involvement of student nurses and nurses who have returned to school for baccalaureate or graduate education. Role modeling is critical to increasing their visibility as political activists. Structured activities within the curriculum are an important vehicle for enhancing political or professional activity. Another major means of advancing nursing's agenda for health care reform is the development of professional nurse behaviors that are essential for functioning in new or radically altered health delivery systems. Students must be empowered so that they can assume a leadership role in whatever setting they choose to practice. Key to empowerment is the provision of clinical experiences that foster independence and the leadership skills necessary for case management, managed care, and negotiating in the complex health care environment. The empowerment of the individual that comes from success is enhanced in an environment that empowers the nursing community. Educational institutions can forge partnerships with community agencies to facilitate change and growth. Nurse educators should also provide for enhancement of nurses' understanding of ethical issues in a climate of shrinking health care resources. (YLB)

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Health Care Reform: How Will it Affect Nursing?-- Nursing Education

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Nursing's Agenda for Health Care Reform is a vehicle for uniting nurses with over fifty nursing organizations supporting the agenda in order to insure effective health care for all members of our society. Nurse educators have an important role in the advancement of the agenda for health care reform. Our role, as educators, is to empower our students so that they can assume a leadership role in whatever setting they choose to practice. We have the opportunity to advance the agenda by strengthening four areas: 1) political involvement of future nurses and nurses returning to school, 2) the development of leadership behaviors that are essential to functioning in new models of health care delivery, 3) the establishment of community partnerships to facilitate the provision of nursing services to the disadvantaged, and 4) the enhancement of nurses' understanding of ethical issues in a climate of shrinking health care resources.

Nurse educators have a key role in fostering the political involvement of student nurses and nurses who have returned to school for baccalaureate or graduate education. Political activism is essential to nursing's advancement of health care reform and nurses' leadership role in consumer advocacy. The education of nurses in the political process is essential in increasing nursing's power (Winter, 1991). Nurse educators can foster political activity by role-modeling, structured activities within the curriculum, student involvement with faculty members' political or professional activities and follow-up support after graduation.

Role-modeling is critical to increasing our visibility as political activists. According to Hanley (1985), faculty who lack experience in political and health policy arenas may stifle nurses' and student's gorowth because their noninvolvementOne cannot expect students to become involved in the professional association or on a community level if faculty members are

not involved themselves. First and foremost, faculty need to be members of the professional association, specifically, the American Nurses Association and the state nurses association. Our association is protecting the interests of the entire nursing community and we need to advocate membership so that our association can continue its activities. Membership in a specialty organization while valuable in and of itself, of necessity, has a more focused purpose. It does not send the same message to students as when faculty are also involved in ANA or the state association. While faculty members have multiple responsibilities and certainly one cannot expect that everyone be involved in all activities, membership in the association provides a very powerful symbolic (as well as financial) support for its activities.

While membership is essential for role-modeling, I would also suggest that faculty share their activities with students. This is something that may be easily neglected when teaching the clinically-oriented courses which comprise most of our curricula. Students are really interested in learning about the professional activities of faculty members. Whenever I have shared my activities with students, it has sparked their enthusiasm. Sharing helps students formulate opinions about professional issues. Not only that, if a faculty member is involved with a specific health care issue, the students have the opportunity to learn how issues are dealth with in the complex health care arena. Ways of sharing with students are not limited to classroom or clinical experiences. One of my colleagues who has been involved on a national level with blood product safety regularly recruits students to assist with campus blood drives. Involving students in these kinds of activities is not only a learning experience for them, but can provide additional assistance to the faculty member who has professional or

community association responsibilities. Faculty members can be speakers at meetings of student organizations and this does not necessarily need to be limited to the student nurse association. They can also encourage students to attend meetings of the professional association as their guests. The joint SNAP-PNA Convention is a marvelous opportunity for this kind of activity. The personal invitation of faculty to RN-BSN and graduate students can go a long way in promoting future involvement.

Structured activities within the curriculum are an important vehicle for enhancing political or professional activity. Registered nurses, graduate students and the typical adults students in ADN programs lead very busy lives, are often working full-time, and have families. Similarly, the traditional generic baccalaureate student is more likely to be working or even taking on the role of the caregiver for ill family members. Expecting these students to be involved in a myriad of volunteer activities with little faculty support may indeed be an unreasonable request. Thus, structured activities that are part of course requirements involve all of the students and have greater likelihood of promoting long-term professional committment. Examples of a structured activities are action projects described by Vance (198). In this instance, students were expected to become involved with a community agency, legislator's office or nursing organization and participate in an activity that would increase nursing's visibility in the community. Students can also become involved in a letter-writing campaign to garner support for a specific piece of legislation that addresses health care. Student collaboration with faculty on a publication is another means of enhancing professional growth.

If students are to continue their involvement in political or professional activities, they need support to do so upon completion of

the program. This may be more difficult to accomplish when a school attracts students from a wide geographical area. I have been disappointed when active participants in the Student Nurse Association of Pennsylvania (SNAP) don't' join PNA upon graduation. It is a lost opportunity for our association and a loss to the individual graduate. Many of the leaders of our profession had a mentor at an early stage in their careers. A solution? Follow-up phone calls, invitations, not once but perhaps several times to convey a warm welcome and the collegiality that comes with participation in the association. Faculty and district members can each select groups of recent graduates to encourage their participation in the association, particularly during the first year when membership is discounted.

Hopefully, the shift of National League for Nursing accreditation criteria to an outcome focus will stimulate closer examination of the professional activities of our graduates. The ongoing evaluation of our own activities, curricular assignments, student activism, and follow-up support will provide us with valuable information about the achievement of program objectives related to professional growth.

Another major means of advancing nursing's agenda for health care reform is the development of professional nurse behaviors that are essential for functioning in new or radically altered health delivery systems. At this time this may indeed be problematic. Here we have the seemingly conflicting demands to prepare technically competent beginning nurses who can also adapt to rapid changes in health care so that they can function in delivery systems which may not yet exist. If the majority of new graduates and nurses are working in hospitals, it is very easy to focus on the immediate issue at hand, becoming competent in nursing practice. Acquisition of this competency has traditionally focused on illness care so that students can become fluent

in the language and tools of nursing. As educators we need to also provide our students with the knolwedge and help them learn the skills that will be essential in the future.

Since we have the same entry to practice for individuals with educational preparation in associate degree, hospital-based and baccalaureate programs and differentiated practice exists in only a limited number of settings, one cannot assume that graduates of one type of program will necessarily gravitate toward yet undeveloped models of health care delivery. Likewise, if students do not have educational experiences that prepare them for certain types of settings, those settings will not be perceived as viable career opportunities. This is especially true if these settings require a different knowledge base and different sets of skills. One of the critical elements of the Health Care Reform Agenda is managed care. Dr. Lucille Joel, ANA President, pointed out at the 1991 PNA Convention Issues Forum that nursing was notably absent from managed care. Here we have organized nursing advocating an emphasis on managed care, yet we are not positioned to take an leadership role in managed care. A solution then is to re-evaluate clinical experiences for leadership development. These experiences should focus on the acquisition of skills that will foster the behaviors necessary to work in managed care or other settings (e.g. assessment, case-finding, referral, interdisciplinary collaboration) rather than the specific tasks associated with "being in charge" on a medical-surgical unit which may or may not foster the development of clinical expertise. When students complain that their leadership experiences consist of being the charge nurse's "gofer", we need to listen. This is our challenge to break away from the immediate focus of preparation for beginning bedside nursing care and to foster the skills of negotiation, conflict resolution, independence and collaboration in

alternative settings. As a result, the students that enter hospital settings as beginning nurses will be much stronger, assertive advocates for those entrusted to their care by virture of their preparation for leadership roles. They will be more comfortable in the advocacy role and be more willing to seek employment in alternative settings when the opportunity arises.

Masters degree programs in nursing and RN-completion programs have a unique opportunity to explore a variety of settings for leadership development. These students are not encumbered by the need to achieve beginning competencies in nursing that are a part of the rites of passage that accompany entry into practice. Students in these programs want to acquire new behaviors, are looking for challenges and want to be empowered. The importance of empowerment to the nursing community is illustrated by the growth of masters programs in nursing administration (NLN, 1991). I would, however, suggest that empowerment through the development of leadership behaviors is not the exclusive domain of graduate education, but integral to basic preparation in nursing.

Key to empowerment is the provision of clinical experiences that foster independence and the leadership skills necessary for case-management, managed care and negotiating in the complex health care environment. Planning such experiences involves creating an evironment that encourages students to take risks and to attempt to make an impact on some aspect of the health care system, community organization or political process such as legislation. The empowerment that comes from a demonstrated impact on some aspect of nursing can be long lasting and serves as an catalyst for further involvement in such activities.

The empowerment of the individual that comes from success is enhanced in environment that empowers the nursing community. Educational institutions

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can forge partnerships with community agencies. Partnerships are a means of facilitating change and growth. Examples of such partnerships are the Teaching Nursing Home Project of the Robert Wood Johnson Foundation, the community college-nursing home partnerships sponsored by the Kellogg Foundation and the Healing Web Project (Bunkers, 1992). As we are asked to more with less these models provide inspiration for creative endeavors that address specific problems within communities.

Support for such endeavors can come from existing campus networks. For example, community education programs can be supported through university programs that provide services to small businesses. A campus AIDS education program can be expanded to include community groups. Be it occupational health or outreach to the professional staff of service agencies, these partnerships provide political connections that can be used to advance nursing's health care reform agenda. In any political endeavor we need to not only mobilize our own forces within nursing, but to extend our relationships with community groups so that we can addresss common concerns. These partnership can focus on the provision of primary care. For example, in Scranton, one of our primary health centers was overwhelmed by the public's response to the availability of flu shots. Intramuscular injection experiences for our students have decreased especially now that we need more clinical placements due to increased enrollments. The University of Scranton nursing program now has a contract with the facility so that next fall we can provide a service to the community and obtain valuable experiences our students. While this is a very simple example of a partnership, it can provide the foundation for student and faculty involvement in the provision of more comprehensive services. It can also provide the foundation for joint endeavors to lobby for funds to restore public health services which have

been so drastically reduced in our state.

Ethical issues and the preparation of our students to understand ethical issues and become advocates for the disadvantaged in our society becomes more important as changes are made in health care delivery. Our students need to be prepared for the ethical issues they will face in their first jobs as staff nurses. Staff nurses as the people on the front lines see the direct consequences of a health care system in chaos. Our resources for health care have become scarce. Nurses' vigilance in monitoring the results of efforts to allocate scarce resources will be crucial in making sure that he disadvantaged in our society: the mentally ill, elderly, pregnant women, children, substance abusers, persons with AIDS and oncology patients among others receive basic and essential health care services. We have seen miraculous cures on the day someone's health insurance expires or coverage denied to persons with serious health care problems. Case management, managed care and any other new model of health care delivery needs to be monitored so that they do not become euphemisms for shifting people from one system to another or out of health care delivery altogether. Strong theoretical preparation in ethical issues with the opportunity to observe client advocacy, the opportunity to become involved in the discussion and resolution of ethical dilemmas and the participation in learning experiences that affirm an individual's basic right to health care will serve to prepare our students for the changing health care environment.

We as educators have the opportunity to advance nursing's Agenda for Health Care Reform by modeling activism, the development of structured curricular activities and community partnerships, and the enhancement of ethical decision making. We are not only preparing the bedside nurses of tommorow, but direct care providers who will function in a variety of

settings. Nurses must be prepared for leadership if they are expected to function in a variety of yet unknown roles. Advocating the right of all Americans to basic health care is an integral part of leadership development. As educators, we have the responsibility to create the climate for learning that empowers our students to become leaders.

References

Bunkers, S. S. (1992). The healing web: A transformative model for nursing education. Nursing and Health Care, 13(2), 68-73.

Hanley, B. E. (1985). Educating nurses for political action. In Political action: A handbook for nurses. (D. J. Mason and S. W. Talbott, Eds.) Menlo Park, CA: Addision-Wesley, pp.416-422.

National League for Nursing (1991). Nursing Data Review 1991 (No. 19-2419), New York: National League for Nursing Press.

Vance, C. (1985). On becoming a professional: Developing self-confident, professionally assertive baccalaureate nursing graduates. Nurse Educator, 70(3), (May-June), 20-25.

Winter, K. (1991). Educating nurses in the political process: A growing need. Journal of Continuing Education in Nursing, 22(4), 143-146.